



Clairgate Public School

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STEPS Junior AECG Meeting Term 1 2023

Dear Parents/Caregivers,

Your child _____ of class _____ has been selected to be part of the STEPS Junior AECG and is invited to attend the meeting. Travel to this event is by private transport. Details are as follows:

Date: Thursday, 16th March 2023

Venue: St Clair High School,
Endeavour Drive, St Clair 2759

Time: Students will leave Clairgate at **12.45pm and return by 2:30 pm**

Transport: Staff transport – **no bus provided**

Clothing: Full school uniform

We will be travelling to and from the venue by private car, driven and supervised by Ms Poulton

Please complete the permission note and medical information attached.

**** ALL NOTES ARE TO BE RETURNED TO MS Poulton ASAP****

Ms Poulton
Organiser

Mrs M Lawrow
Principal

STEPS Junior AECG Meeting Term 1 2023

I hereby consent to my child _____ of class _____ participating in the STEPS Junior AECG meeting at St Clair High School Thursday, 16th March 2023.

I understand transport to and from the venue is by private car. The accompanying Teacher has Emergency Care, Anaphylaxis and CPR training.

To the best of my knowledge, he/she has no medical condition, disability or injury which puts him/her at risk in participating in this activity. In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare No: _____ (for use at medical centres)

MEDICAL INFORMATION

******* ALL NOTES ARE TO BE RETURNED TO MS POULTON ASAP *******

Emergency Contact's Name:	Home No: _____ Work No: _____ Mobile No: _____
Relationship to student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> <input type="checkbox"/> Other _____	

Please list existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies, headaches, nose bleeds, heart problems etc). Outline the medication and treatment for each.

Illness	Name of Medication	Treatment and Dosage

I give permission for my child _____ of class _____ to travel to and from the AECG meeting in the vehicle with Ms Poulton.

Signed: _____ Date: _____
Parent/Caregiver

Important Information: In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is limited to breaches by the department in its duty of care to students that result in claims for compensation. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone association and state school sport associations when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets. The Department of Education has School Ambulance Cover which provides coverage in the event that students have no other form of ambulance cover. It provides coverage for students at school or on an organised, fully supervised school excursion or sporting activities. The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses or dental costs. Further information regarding student accident insurance and private health cover is provided

at <http://www.sports.det.nsw.edu.au/spguide/activities/general/resources/protection.php#medi>

Privacy Note

The personal information provided on this permission note, will be used, and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health, safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary, but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the team management.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community.

This information may include your child's name, age and information collected during this event such as photographs sound and visual recordings of your child.

The communications in which your child's information may be published or disclosed include but are not limited to:

- Public websites of the Department of Education including the School Sport Unit website at www.sports.det.nsw.edu.au in the Department of Education intranet (staff only), blogs and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Departments websites.
- Official Department and school social media accounts on networks such as YouTube, Facebook, and Twitter.
- Local and Metropolitan newspapers and magazines and other media outlets.
- Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

Permission to Publish: I have read the information about disclosing and publishing student information (above) and:

I _____, give / do not give permission for the Department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Parent/Carer Signature

Date